



Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team Minutes

Date	: January 16, 2020			Location: WebEx:			North, 320 S. Walnut St., Lansing MI www.webmeeting.att.com
Time	: 10AM-12PM			Dial-in Number:	877-	33	6-1829,,8881705
Comm	unity Mental Health Service Programs	Prepai	d Inpatient He	ealth Plans	MDI	HHS	5
\boxtimes	Copper Country CMH: Susan Sarafini		NCN: Joan Wallner				Laura Kilfoyle
\boxtimes	Centra Wellness: Donna Nieman	\boxtimes	NMRE: Bran	ndon Rhue		₃	Kasi Hunziger
	West MI CMH: Jane Shelton	\boxtimes	LRE: Ione N	lyers	×	3	Kathy Haines
	Integrated Services of Kalamazoo: Ed	\boxtimes	SWMBH: Anne Wickham				Belinda Hawks
	Sova CEI CMH: Stacia Chick		MSHN: Amy Keinath				Kim Batsche-McKenzie
	Livingston County CMH: Kate Aulette	\boxtimes	CMHPSN: N	Aichelle Sucharski		◁	Angie Smith-Butterwick
	Sanilac County CMHA: Beth Westover	\boxtimes	DWIHN: Tania Greason				Mary Ludtke
Samue County Civilia. Beth Westover		\boxtimes	DWIHN: Jeff White		×	3	Brenda Stoneburner
Community Mental Health Association OCHN:			OCHN: Jenr	nifer Fallis			Morgan VanDenBerg
	Maggie Beckmann	\boxtimes	OCHN: Kim	Avesian		3	Jackie Sproat
	Bruce Bridges	\boxtimes	МССМН: Ві	ill Adragna			
		\boxtimes	MCCMH: Ai	mie Norman			
		\boxtimes	Region 10:	Pattie Hayes			

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	Jeff White replaced Kim Flowers as the representative for DWIHN. Per EDIT Charter: Changes to membership must be submitted by the PIHP CEO to BHDDA for approval.
Review and approve prior meeting minutes (5 minutes)	Jackie	No changes made to 10/31/19 minutes
Code Chart and Provider Qualifications Chart updates	Kasi	 Updated Code Chart posted last week: retired codes were removed from the SEDW section, and 96130 was added Non-residential Opioid Treatment facility POS code: 58 Coverage update for S5160 & S5161 G codes were added for FQHC services (see next agenda item for details)

FQHC encounter format and required use of G code for MDHHS prospective payments made to FQHCs	Kathy	Michigan Medicaid policy regarding use of G code coming soon. Expected effective date of 4/1/20. Technical assistance webinars to be scheduled. The process used by MDHHS to issue prospective payments to FQHC's relies on a FQHC NPI specifically used for these payments being reported on institutional encounters. Tyler Wise is the contact at MDHHS Medical Services Administration. CMHSP and PIHP data systems should have validations to ensure the correct codes are used. Ione Myers is familiar with the process. She said billing staff need to keep track of which G codes are tied to specific revenue and HCPCs codes, and that reporting both HCPCS and G code means more than one claim line for one service.
FY19 MUNC template	Kathy	Due 2/28/2020 Minor revisions were made, the latest versions of MUNC and HMP-UNC templates were posted on the MDHHS web site on 1/15: https://www.michigan.gov/mdhhs/0,5885,7-339-71550 2941 38765,00.html Click on the blue bar labeled 'PIHP and CMHSP Cost Reporting Forms'
Encounter Quality Initiative (EQI) FY20 template Jeremy Cunningham from Milliman explained the EQI PIHP and CMHSP templates and instructions. The Standard Cost Allocation Process Workgroup is working on processes to make sure the new EQI can be filled out. The first of three scheduled EQI reports will be due 5/31/2020 for the 10/1/19-1/31/2020 time period. See 12/5/19 Improving Outcomes EDIT presentation for more information.	Jeremy Cunningha m/Kathy	 PIHP and CMHSP reports both include DAB/TANF and HMP. Concerns were raised about ensuring that CMHSPs and PIHPs are not duplicating Medicaid services/costs reported. Brandon suggested that PIHPs compile Medicaid units, send to CMHSPs who add costs, then send back to PIHP to reconcile and calculate weighted average costs for the region. The HCPCS codes on each sheet are a full list of all possible codes for that funding source. Milliman to update to reflect recent changes. Direct run and contracted out services are to be reported separately. IBNR is reported on the Other Expenses sheet, as well as expenses of operating 24-hour crisis service. Spenddown services provided before monthly deductible is met would be reported on the Non-Medicaid sheet. Need to have clear instructions for reporting partial grants for Medicaid beneficiaries SUD Block Grant services are reported in a separate report, might be added to EQI in the future. These are not to be included in Grant rows at this time. Non-benefit expense is the same as Medical Loss Ratio, intended to replace Admin Cost Report. ACR is still a requirement in SFY 2020 for cost adjuster payments.

		A CMHSP and a multi-CMH PIHP should test		
		completing the EQI. Final EQI templates needed by 4/1/20.		
		Kathy Haines will organize a workgroup.		
Psychological Testing (CPT	Amy	Documents submitted by MSHN:		
Codes 96130-96318) and ABA	Keinath	Psychological Testing		
Evaluation CPT Code 97151.	Kematri	APA Psychological Testing Coding		
Evaluation of 1 code 97131.		Amy explained that BHDDA Code Chart does not align with		
		, ,		
		commercial insurance billing rules.		
		BHDDA Code Chart: Indirect time currently is built into the		
		costing for 97151.		
		Commercial insurance billing rules allow reporting of the		
		test interpretation time.		
		Next step is internal MDHHS review with Milliman.		
Update on CLS reporting with	Jackie	BHDDA is leaning toward use of H2015 instead of H0043.		
H2015 vs. H0043		The use of TF and TG modifiers with H0043 over the past		
		three years has not resulted in the desired level of		
		transparency. Using FY19 as an example, the cost per unit		
		of H0043 with no modifier (intended for lower levels of		
		need) is \$134 while H0043TF (moderate need) is \$127.		
		Milliman recommends H2015 for greater transparency in:		
		a) resource requirements,		
		b) unit cost variations across providers, and		
		c) Home Help vs CLS time.		
		H2016 will continue to be used only for CLS provided in a		
		specialized residential facility.		
		Question for EDIT: what do you need from us to make this		
		effective FY21? Response: department needs to send final		
		decision on this at least three months before the start of a		
		new FY as many contracts and IPOS will need to be		
		revised.		
Update on request to add	Belinda	BHDDA has decided not to approve H2011 for telepractice.		
H2011 as tele-practice	Hawks	The 90839 and 90840 codes are MDHHS approved		
treatment	TIGVINS	telemedicine services. Please reference the MDHHS		
d Catifient		Medical Services <u>Telemedicine database</u> for more		
		information:		
		Laura Kilfoyle said that there is a policy change drafted to		
		allow home as a place of service for 90839 (crisis		
		intervention).		
		Belinda acknowledged that 90839 may not be the best fit		
		when the client does not have an existing treatment		
		relationship with the CMHSP. She will work with Brenda		
		Stoneburner on a way to get feedback on this from		
		CMHSPs.		
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New Medicare billing for Opioid Treatment Providers serving Medicaid/Medicare dual eligibles Wrap-Up and Next Steps (5 minutes)	Amy Keinath/ Kathy	Documents submitted by MSHN: 1. Dual Eligibles – MAT Federal Rule 2. COB guidance Feds 1.2.20 3. Medicare OTP Rate Sheet See also: https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet.pdf In Michigan:
wrap-up and Next Steps (5 minutes)	Јаскіе	

Action Items	Person Responsible	Status
Send summary of NMRE's current MUNC process to Kathy (PIHP sends Medicaid units to CMHSPs who add costs and send back to PIHP).	Brandon Rhue	
Kathy will send the NMRE proposed EQI process to the group. EDIT members will send Kathy a description of their agency's current MUNC process and whether NMRE's process would work at their agency.	EDIT members	

Encounter Quality Initiative	Email Kathy by 1/27 if interested in	
template: workgroup and	participating in workgroup/testing the	
CMH/PIHP testers	template: hainesk@michigan.gov	
	Email Jackie if interested in	
OTP Medicare Duals workgroup	participating: sproatj@michigan.gov	

Next Meeting: April 16, 2020